



**Columbus Civil Service Commission**  
50 West Gay Street, Room 600  
Columbus, Ohio 43215

## ***Notice of Appeal***

Please complete this form in order to appeal to the Civil Service Commission any decision by the Executive Director **or** any disciplinary action assessed by an appointing authority. This appeal must be filed within ten (10) days of the notification of action you are appealing.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

☐ **I am appealing a decision of the Executive Director regarding failure during the testing process, a rejection, disapproval of an application or other action. NOTE: You will be notified in writing whether the Commission will accept jurisdiction over your appeal and whether a hearing will be scheduled.**

Examination Title and Classification Code: \_\_\_\_\_

Reason for Appeal and/or Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ **I am appealing a disciplinary action (i.e., discharge, suspension, demotion (in rank or pay), or involuntary resignation).**

Civil Service Classification and Classification Code: \_\_\_\_\_

Department: \_\_\_\_\_

Nature of Action Being Appealed: \_\_\_\_\_

Date of Order or Action Being Appealed: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Civil Service Commission Appeal Number Assigned: \_\_\_\_\_